

COMMISSIONER OF INSURANCE, JOHN W. OXENDINE **STATE OF GEORGIA**

GID-AL-6 Version 2.0 CLEARANCE

REQUEST FOR CLEARANCE LETTER

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All questions should be directed to Promissor at 1-888-204-6204 between the hours of 8AM and 6PM EST Monday through Friday.

A. A clearance letter is used by Georgia resident licensees or "borderline" licensees who wish to cancel their Georgia license and apply

for a license to sell insi	urance in a new resido	ent state.		
		request as many clearance l	etters as vou like.	
			ade payable to Promissor .	
		ppropriate information in		
E. This form may be photo	ocopied for future use.			
			you have not submitted you	ır license with this request, explain
why your license is not				
G. Return this request, alon	g with payment to: GE	DRGIA INSURANCE DEP.	ARTMENT/Promissor, P.O. I	OX 2357, SMYRNA, GA 30081-2357
☐ I have included my l	license with this Cleara	ınce Letter request.		OFFICE
☐ I have not included in	my license with this Cl	learance Letter request bec	ause	ONLY U
2. LICENSEE INFORMATION	V			
Print the licensee's name as	it appears on the lice	nsee's Georgia license in tl	ne boxes provided, one letter	in each box. Print the entire license
				ovided, one number in each box. On
the lines below, print the ad			1	·
NOTE: If you have changed yo	•		s changes."	
LICENSEE'S NAME:				
			_ _ _	MI CUEFIX (ID. CD.)
LAST NAME			ST NAME	MI SUFFIX (JR. SR.)
MAIL TO ADDRESS: (If diffe	rent from licensee's pref	erred address)	ı—	
STREET ADDRESS LINE 1: (If ap	pplicable, use this line to	indicate APARTMENT, SUITE	or FLOOR NUMBER)	
STREET ADDRESS LINE 2: (Use	this line to indicate STRI	EET NIIMRER and STREET NAI	ME) PO Box	
STREET ADDRESS LINE 2. (GSe				
CITY		S	TATE ZIP CODE	
3. LICENSE INFORMATION				
Place an "X" in the box next	t to your residency typ	e. Place an "X" in the box i	next to each license type for v	which you wish to receive a clearance
latter Incert the number of				
letter. Hisert the mulliber of C	clearance letters reques	ted per license type. NOTE	: Variable Life and Variable A	nnuity are incorporated into Variable
Products. If you are an Age	nt with Variable Life a	and/or Variable Annuity, y	our clearance letter will sho	vv VP. Multiply the number of clear-
Products. If you are an Age ance letters requested per lid	nt with Variable Life a cense type by the fee o	and/or Variable Annuity, y of \$10.00 per letter and place	your clearance letter will sho ce that total in the far right "	
Products. If you are an Age ance letters requested per lic the "Total Fee Enclosed" spa	nt with Variable Life a cense type by the fee o ace. Checks or money o	and/or Variable Annuity, y of \$10.00 per letter and place order are made payable to	Your clearance letter will sho ce that total in the far right "Promissor.	WVP. Multiply the number of clear-total" column. Put the grand total in
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